

HOUSE No. 978

The Commonwealth of Massachusetts

PRESENTED BY:

Ronald Mariano

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act to streamline the physician credentialing process.

PETITION OF:

NAME:

Ronald Mariano

DISTRICT/ADDRESS:

3rd Norfolk

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 3934 OF 2007-2008.]

The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

AN ACT TO STREAMLINE THE PHYSICIAN CREDENTIALING PROCESS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 1 of chapter 176O of the General Laws, as appearing in the 2006 Official
2 Edition, is hereby amended by inserting after the definition of “Health care services” the
3 following new definition:--

4 “Hospital-based physician”, a pathologist, anesthesiologist, radiologist or emergency
5 room physician who practices exclusively within the inpatient or outpatient hospital
6 setting and who provides health care services to a carrier’s insured only as a result of the
7 insured being directed to the hospital inpatient or outpatient setting. This definition may
8 be expanded, after consultation with a statewide advisory committee composed of an
9 equal number of organizations representing providers and those representing health plans
10 including but not limited to a representative from the Massachusetts Medical Society, the
11 Massachusetts Hospital Association, the Massachusetts Association of Health Plans, the
12 Massachusetts Association of Medical Staff Services, and Blue Cross Blue Shield of
13 Massachusetts, by regulation to include additional categories of physicians who practice

exclusively within the inpatient or outpatient hospital setting and who provide health care services to a carrier's insured only as a result of the insured being directed to the hospital inpatient or outpatient setting.

SECTION 2. Chapter 176O of the General Laws is hereby amended by inserting after section 2 the following new sections:--

Section 2A. (a) The bureau shall adopt the "Integrated Massachusetts Application for Initial Credentialing/Appointment" and the "Integrated Massachusetts Application for Re-credentialing/Re-Appointment." The bureau, after consultation with a statewide advisory committee composed of an equal number of organizations representing providers and those representing health plans including but not limited to a representative from the Massachusetts Medical Society, the Massachusetts Hospital Association, the Massachusetts Association of Health Plans, the Massachusetts Association of Medical Staff Services, and Blue Cross Blue Shield of Massachusetts shall make any revisions to the statewide uniform physician credentialing application forms that includes but is not limited to applicable accreditation as well as federal and state regulatory changes that will impact such forms. Such forms shall not be applicable in those instances where the carrier has both delegated credentialing to a provider organization and does not require submission of a credentialing application.

(b) A carrier and a participating provider shall not use any initial physician credentialing application form other than the uniform initial physician application form or a uniform electronic version of said form. A carrier and a participating provider shall not use any physician re-credentialing application form other than the uniform physician re-credentialing application form or a uniform electronic version of said form. A carrier may require that a

physician profile be submitted in addition to the uniform physician recredentialing application form.

(c) A carrier shall act upon and complete the credentialing process for 95 percent of complete initial physician credentialing applications submitted by or on behalf of a physician applicant within 30 calendar days of receipt of a complete application. An application shall be considered complete if it contains all of the following elements: --

- (i) the application form is signed and appropriately dated by the physician applicant;
- (ii) all information on the application is submitted in a legible and complete manner and any affirmative answers are accompanied by explanations satisfactory to the carrier;
- (iii) a current curriculum vitae with appropriate required dates;
- (iv) a signed, currently dated Applicant's Authorization to Release Information form;
- (v) copies of the applicant's current licenses in all states in which the physician practices;
- (vi) a copy of the applicant's current Massachusetts controlled substances registration and a copy of the applicant's current federal DEA controlled substance certificate or, if not available, a letter describing prescribing arrangements;
- (vii) a copy of the applicant's current malpractice face sheet coverage statement including amounts and dates of coverage;
- (viii) hospital letter or verification of hospital privileges or alternate pathways;
- (ix) documentation of board certification or alternate pathways;
- (x) documentation of training, if not board certified;

(xi) there are no affirmative responses on questions related to quality or clinical competence;

(xii) there are no modifications to the Applicant's Authorization to Release Information Form;

(xiii) there are no discrepancies between the information submitted by or on behalf of the physician and information received from other sources; and

(xiv) the appropriate health plan participation agreement, if applicable.

(d) A carrier shall report to a physician applicant or designee the status of a submitted initial credentialing application within a reasonable timeframe. Said report shall include, but not be limited to, the application receipt date and, if incomplete, an itemization of all missing or incomplete items. A carrier may return an incomplete application to the submitter. A physician applicant or designee shall be responsible for any and all missing or incomplete items.

(e) A carrier shall notify a physician applicant of the carrier's credentialing committee's decision on an initial credentialing application within four business days of the decision. Said notice shall include the committee's decision and the decision date.

(f) A physician, other than a primary care provider compensated on a capitated basis, who has been credentialed pursuant to the terms of this section shall be allowed to treat a carrier's insureds and shall be reimbursed by the carrier for covered services provided to a carrier's insureds effective as of the carrier's credentialing committee's decision date. A primary care physician compensated on a capitated basis who has been credentialed pursuant to the terms established in this section shall be allowed to treat a carrier's insureds and shall be reimbursed by the carrier for covered services provided to the carrier's insureds effective no later than the first day of the month following the carrier's credentialing committee's decision date.

(g) This section shall not apply to the credentialing and re-credentialing by carriers of psychiatrists or hospital-based physicians.

Section 2B. (a) The bureau's accreditation requirements related to credentialing and re-credentialing shall not require a carrier to complete the credentialing or re-credentialing process for hospital-based physicians.

(b) Except as provided in paragraph (d), a carrier shall not require a hospital-based physician to complete the credentialing and recredentialing process established pursuant to the bureau's accreditation requirements.

(c) A carrier may establish an abbreviated data submission process for hospital-based physicians. Except as provided in paragraph (d) of this section, said process shall be limited to a review of the data elements required to be collected and reviewed pursuant to applicable federal and state regulations as well as national accreditation organization standards.

(d) In the event that the carrier determines that there is a need to further review a hospital-based physician's credentials due to quality of care concerns, complaints from insureds, applicable law or other good faith concerns, the carrier may conduct such review as is necessary to make a credentialing or re-credentialing decision.

(e) Nothing in this section shall be construed to prohibit a carrier from requiring a physician to submit information or taking other actions necessary for the carrier to comply with the applicable regulations of the board of registration in medicine.

(f) The bureau, after consultation with a statewide advisory committee composed of an equal number of organizations representing providers and those representing health plans

102 including but not limited to a representative from the Massachusetts Hospital Association, the
103 Massachusetts Medical Society, the Massachusetts Association of Health Plans, the
104 Massachusetts Association of Medical Staff Services, and Blue Cross and Blue Shield of
105 Massachusetts, shall develop standard criteria and oversight guidelines that may be used by
106 carriers to delegate the credentialing function to providers. Such criteria and oversight guidelines
107 shall meet applicable accreditation standards.

108 SECTION 3. The act shall become effective on October 1, 2010.